

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578990

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21						
22						
23						
24						
25						
26						
27						
28						
29	1					
30		1				
31		1				
32	1					
33	1					
34	1					
35		1				
36	1					
37		1				
38			1			
39				1		
40				1		
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	7					
TOTAL DEP.	39					
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53			1			
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61			1			
62			1			
63				1		
64				1		
65			1			
66			1			
67			1			
68				1		
69			1			
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			9			
TOTAL DEP.			24			
TOTAL CLAIMS			33			